

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

UNIFORM LIMITED OFFERING EXEMPTION

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR

	OMB APPROVAL					
OMB Number: 3235-00						
	Expires:	May 31, 2005				
	Estimated average burden hours per response16.00					

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SEC USE ONLY					
Prefix	Serial				
DATE RECEIVED					
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Name of Offering (check if this is an amendment and name has changed, and indicate change.)							
New Dawn Assisted Living Real Estate LLC No. 2 - \$600,000 Member Interest Offer							
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) ULOE Type of Filing: New Filing Amendment							
Type of Filing. Amendment							
A. BASIC IDENTIFICATION DATA							
1. Enter the information requested about the issuer							
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)							
New Dawn Assisted Living Real Estate LLC No. 2							
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (including Area Code)						
1917 Queensguard Road, Silver Spring, Maryland 20906	(301) 466-2618						
Address of Principal Business Operations (Number and Street, City. State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)						
An unreferr from Executive Offices,							
Brief Description of Business	M PROCECCE						
The Company was formed to develop and operate an assisted living center.	PROCESSED AUG 04 2004						
	AUG 04 2001 3						
Type of Business Organization corporation limited partnership, already formed other (p	please specify):						
The state of the s	ed Liability Control SON						
Month Year	d Liability Call						
	mated E						
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:							
CN for Canada; FN for other foreign jurisdiction)	MD						
GENERAL INSTRUCTIONS							
Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or 77d(6).	Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.						
When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given be which it is due, on the date it was mailed by United States registered or certified mail to that address.							
Where To File: U.S. Securities and Exchange Commission. 450 Fifth Street. N.W. Washington, D.C 20	549.						
Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually photocopies of the manually signed copy or bear typed or printed signatures.	signed. Any copies not manually signed must be						
Information Required: A new filing must contain all information requested. Amendments need only report thereto, the information requested in Part C, and any material changes from the information previously supplied be filed with the SEC.	rt the name of the issuer and offering, any changes ied in Parts A and B. Part E and the Appendix need						
Filing Fee: There is no federal filing fee.							
State:							
This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sa ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Sare to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for accompany this form. This notice shall be filed in the appropriate states in accordance with state law, this notice and must be completed.	Securities Administrator in each state where sales r the exemption, a fee in the proper amount shall						
ATTENTION —							
Failure to file notice in the appropriate states will not result in a loss of the federal e	vemntion Conversely failure to file the						
appropriate federal notice will not result in a loss of an available state exemption unle							

SEC 1972 (6-02)

filing of a federal notice.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

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BASIC IDENTIFICATION DATA 2. Enter the information requested for the following: • Each promoter of the issuer, if the issuer has been organized within the past five years, • Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer.

· Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and · Each general and managing partner of partnership issuers. Beneficial Owner Executive Officer General and/or Check Box(es) that Apply: Promoter Director Managing Partner Full Name (Last name first, if individual) Daumit, David Business or Residence Address (Number and Street, City, State, Zip Code) 1917 Queensguard Road, Silver Spring, Maryland 20906 Check Box(es) that Apply: Executive Officer Promoter Beneficial Owner Director General and/or Managing Partner Full Name (Last name first, if individual) Scherman, Burt Business or Residence Address (Number and Street, City, State, Zip Code) 374 Starke Avenue, Carlstadt, NJ 07072 Check Box(es) that Apply: Beneficial Owner Executive Officer Promoter Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner **Executive Officer** Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner **Executive Officer** Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: **Executive Officer** Promoter Beneficial Owner Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Executive Officer Beneficial Owner General and/or Promoter Director Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code)

-				В	. INFORMA	TION ABO	OUT OFFEI	RING				
I . Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?								Yes	No X			
Answer also in Appendix, Column 2. if filing under ULOE.									. 100	0,000		
2. What is the minimum investment that will be accepted from any individual?												
3. Does the offering permit joint ownership of a single unit?								·	No □			
commis If a per or state	4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. It more than five (5) persons to be listed are associated persons of such a broker or dealer. you may set forth the information for that broker or dealer only.											
Full Name	e (Last nam	e first, if in	dividual)		and the same of th	n est etaa etaa	er in geg zone e ge		ng mangangga ban mang pigga ba		ALANA SAMA	gradin in the property of
NA Business or Residence Address (Number and Street. City, State. Zip Code)												
	or Residenc	e Address	(Number a	nd Street. (City, State.	Zip Code)			ii. Ii. Wasa i			one grana a series
NA Name of	Associated	Proker or	Declar	public in the	<u></u>	<u> </u>						
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[IL]		[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]		[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
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Business	or Residence	ce Address	(Number a	nd Street,	City, State	, Zip Code)	<u> </u>				
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Name of	Associated	Broker or	Dealer			personal care care pro-		er e e engler et leg			The second secon	omphisely and a second recording
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[RI]		[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	-	[WV]	[WI]	[WY]	[PR]
Full Name	e (Last nam	e first. if in	idividual)									
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Business	or Residence	ce Address			City, State					er en		
Name of	Associated			edilence	minor i Sumi		rational a	ad ann i			As an about the second of the	en egeneral pure en 29 has beginne as sa
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers												
(Check "All States" or check individual States)												
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	(HI)	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

OFFERING FRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1. Enter the aggregate offering price of securities included in this offering and the t sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange of the sold.	nge offering, check	
this box and indicate in the columns below the amounts of the securities offer already exchanged.	ed for exchange and	
Type of Security	Aggregate Offering Price	Amount Already Sold
Debt	\$ 1	\$
Equity	W	S
Common Pre		
Convertible Securities (including warrants)		\$
Partnership Interests		\$
Other (Specify LLC Interests		\$ 0
Total		\$ O
Answer also in Appendix, Column 3. if filing under ULOE.		<u> </u>
2. Enter the number of accredited and non-accredited investors who have purchas offering and the aggregate dollar amounts of their purchases. For offerings under the number of persons who have purchased securities and the aggregate dollar purchases on the total lines. Enter "O" if answer is *'none" or "zero."	er Rule 504, indicate	
	Number Investors	Aggregate Dollar Amount of Purchases
Accredited Investors	<u>o</u>	\$ <u>0</u>
Non-accredited Investors.	NA NA	\$ NA
Total (for filings under Rule 504 only)	NA	\$ `NA
Answer also in Appendix, Column 4, if filing under ULOE		
3. If this filing is for an offering under Rule 504 or 505, enter the information reques sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) r first sale of securities in this offering. Classify securities by type listed in Pa	nonths prior to the	
Type of Offering	Type of Security	Dollar Amount Sold
Rule 505	<u>NA</u>	\$ NA
Regulation A	NA	§ NA
Rule 504	NA	§ NA
Total	NA	\$ NA
4 a. Furnish a statement of all expenses in connection with the issuance and securities in this offering. Exclude amounts relating solely to organization experimental information may be given as subject to future contingencies. If the amount not known, furnish an estimate and check the box to the left of the estimate.	enses of the insurer.	
Transfer Agent's Fees		\$ <u></u>
Printing and Engraving Costs		\$
Legal Fees.	<u>X</u>	\$ 2,000
Accounting Fees		\$
Engineering Fees		\$
Sales Commissions (specify finders' fees separately)		\$
Other Expenses (identify) State Filings		\$ 500
Total	-	S 2,500

OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS							
5.	b. Enter the difference between the aggregate offering price given in response to Part CQuestion 1 and total expenses furnished in response to Part CQuestion 4.a. This difference is the "adjusted gross proceeds to the issuer." Indicate below the amount of the adjusted gross proceed to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part CQuestion 4.b above.		§ 597,500				
		Payments to Officers. Directors, & Affiliates	Payments to Others				
	Salaries and fees	∑ § 73,000	· 🔲 \$				
	Purchase of real estate	\$	\$ 50,000				
	Purchase, rental or leasing and installation of machinery and equipment		According to the second section of the second section of the second				
	Construction or leasing of plant buildings and facilities	□ \$	\$ 472,500				
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	S	s				
	Repayment of indebtedness	☐ S					
	Working capital	S	\$				
	Working capital Other (specify):	\$	_ 🔲 \$				
			. [] \$				
	Column Totals	▼ \$ 75,000	§ 522,500				
	Total Payments Listed (column totals added)	≤ \$ 597,500					
	D. FEDERAL SIGNATURE	 					
The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.							
Issuer (Print or Type) Signature Date							
Ne	ew Dawn Assisted Living Real Estate LLC No. 2	1/2	7/04				
Name of Signer (Print or Type) Title of Signer (Print or Type)							
D	avid Daumit Manager						

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C.1001.)